



State of West Virginia
Department of Revenue
Alcohol Beverage Control Administration
322 70th Street, SE
Charleston, WV 25304-2900

INSTRUCTIONS FOR COMPLETING APPLICATION FOR RETAIL LICENSE - ON PREMISE

Please read all instructions carefully. All questions are to be answered in full. Applicant's accuracy and thoroughness in completing the application form will assist us in processing the application packet and prevent unnecessary delays. Applicants must type or print, in ink, all answers on all forms.

Please find enclosed:

- (1) One (1) copy of Form ABCA-192, Application For Retail License, On Premise, Class A.
- (2) One (1) copy of Form ABCA-193, Alcohol Beverage Control Administration Bond and/or one (1) copy of the Form ABCA-194, Non-Intoxicating Beer Bond.
- (3) Two (2) Addendum A sheets for the floor plan (give dimensions) of licensed premises. (Note: The submitted floor plan must depict all areas under the control or lease of the licensee. Applicant will then indicate the areas proposed for licensing.)
- (4) Release of Information & Waiver of Confidentiality of Records Form (Addendum B).
- (5) Zoning Form (Addendum C).
- (6) Authorization To Release Information (WV-ARI-001) (mail to WV State Tax Department).
- (7) WV State Tax Department Letter of Good Standing request (mail to WV State Tax Department). Letter of Good Standing issued by the WV State Tax Department to applicant must then be submitted to WVABCA.
- (8) Special Tax Registration and Return Alcohol and Tobacco (OMB No. 1513-0112).

INSTRUCTIONS

- (1) ALL questions and/or descriptions must be answered. The application must be signed and notarized.
- (2) YEAR/COUNTY - Fill in the blanks at top of form to denote current Fiscal Year and the County.
- (3) LICENSE TYPE - Indicate the type of license(s) desired in the appropriate box(es) at the beginning of the application form.
- (4) ENTITY TYPE - Indicate the type of Entity for which applicant is applying as in box D at the beginning of the application form.
- (5) TAX ID/FEIN - Fill in the licensee's WV TAX I.D. Number and the FEIN number. (Please provide documentation)
- (6) Answer all the remaining questions (1 - 22). If any question/description cannot be completed in the available space on the application, please submit additional pages as needed. Be sure to indicate on the additional pages which question applicant is answering (print the Entity and DBA Name on the additional pages).
- (7) LICENSE FEES - License fees must be paid by Certified Check, Cashier's Check, or Money Order. Personal checks, business checks, or cash will not be accepted. Make checks payable to the West Virginia ABCA. If applicant is applying for a license after December 31st, the license fee is semi-annually prorated to half the initial fee. A processing fee of twenty-four(\$24.00) dollars must be included for each individual listed for Live Scan Fingerprinting.
- (8) PICTURES - Pictures of the following must be submitted: outside front entrance, surrounding areas, dining/seating area, bar, kitchen, restrooms, and exit(s) of the applicant's premises.

(Instructions continued on the back side of this page) ►►►

- (9) BONDS - Applicants must have a \$5,000.00 Alcohol Bond and/or a \$1,000.00 Non-Intoxicating Beer Bond completed on the form(s) provided by the ABCA.
- (10) HEALTH PERMIT - Applicants must provide a Health Permit issued in applicant's name.
(If Association, Limited Liability Company, or Corporation, the health permit must be in Association, Limited Liability Company, or Corporation name)
- (11) DISTANCE - Applicants must complete question 15 regarding distances to the nearest church, school, residence and government building.
- (12) CHARTERS - Please enclose: If a Non-Profit Club, a copy of the National Charter reflecting the club's affiliation with said organization; if an Association, a copy of the Association Agreement and Certificate; if a Corporation, a copy of the Articles of Incorporation and Certificate; if a Limited Liability Company, a copy of the Articles of Organization and Certificate. All must be duly certified and registered with the Secretary of State's office before copies are forwarded to this office.
- (13) ZONING FORM - "Notice of Application to Operate: A Private Club, Private Wine Restaurant, or Tavern" Addendum C must be completed by applicant and an authorized city official if establishment is located within city limits; if not within city limits, a letter from the County Commission stating that the establishment location is zoned properly is needed. All applicants must complete the obverse (front) portion of Addendum C.
- (14) Please, submit the following to the West Virginia State Tax Department:
Authorization To Release Information (WV-ARI-001) and request for Letter of Good Standing form. The Letter of Good Standing issued by the WV State Tax Department to applicant must be submitted to the WVABCA by the applicant.
- (15) Note if the applicant's establishment is ready for initial inspection in question 22.
- (16) INSTRUCTIONS FOR SIGNING:
A. If an individual, by the owner
B. If a Partnership, by each member of the partnership
C. If an Association, by each member of the governing board
D. If a Corporation, by all officers or by other persons specifically authorized by corporate resolution which resolution must be enclosed
E. If a Limited Liability Company, by all members
F. Manager(s) must sign

BUSINESS CLOSURE - Upon sale or closure of the applicant's business, the license must be returned to the ABCA Licensing Department. The license will not be abandoned, rented, leased, given, loaned, or sold to another.

Please Note:

- **ALL AREAS WHERE ALCOHOLIC BEVERAGES WILL BE SOLD OR CONSUMED MUST BE LICENSED.**
- APPLICATIONS MUST BE COMPLETED CORRECTLY AND ALL NECESSARY PAPERWORK INCLUDED WHEN MAILED TO THE ABCA. FAILURE TO DO SO MAY RESULT IN THE APPLICATION BEING DELAYED AND/OR RETURNED TO THE APPLICANT FOR THE NECESSARY CORRECTIONS.

MAIL COMPLETED APPLICATION, FEE, AND REQUIRED ACCOMPANYING FORMS TO:

West Virginia Alcohol Beverage Control Administration
ATTN: Licensing Department
322 70th Street SE
Charleston, WV 25304-2900

IF APPLICANT HAS ANY QUESTIONS OR NEEDS ASSISTANCE, PLEASE CALL THE ADMINISTRATION AT 1-800-642-8208 OR (304)558-2481 AND ASK FOR THE LICENSING DEPARTMENT.

CHECKLIST OF FORMS / PAPERS TO RETURN TO THE WVABCA, LICENSING DEPARTMENT

- | | |
|--|---|
| <input type="checkbox"/> Form ABCA-192, Application For Retail License | <input type="checkbox"/> Corporation, Association, or Limited Liability Company Agreement, Certificate, and Trade Name Certificate, if applicable |
| <input type="checkbox"/> Form ABCA-193, Alcohol Bond, if applicable * | |
| <input type="checkbox"/> Form ABCA-194, Non-Intoxicating Beer Bond | <input type="checkbox"/> Club Charter, if a Fraternal Club |
| <input type="checkbox"/> Addendum A (Floor Plan) | <input type="checkbox"/> Copy of valid lease (if not the owner of the building) |
| <input type="checkbox"/> Pictures | <input type="checkbox"/> Letter of Good Standing (Issued by WV Tax Department) |
| <input type="checkbox"/> Addendum B (Waiver) | |
| <input type="checkbox"/> Addendum C (Zoning)Form Required and Letter from County Commission, if applicable | |
| <input type="checkbox"/> Valid Health Permit | |
| <input type="checkbox"/> License fee(s) and Live Scan fee(s) | |

* Bond not required for private wine restaurant license.

APPLICATION FOR RETAIL LICENSE

► CONSUMPTION "ON PREMISE" ◄
► CLASS A ◄
FOR FISCAL YEAR _____ TO _____

COUNTY: _____

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS DOCUMENT EXCEPT FOR SIGNATURES.
PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING.

| | | | |
|--|---|---|---|
| <p>A. ●LIQUOR APPLICATION●</p> <p><input type="checkbox"/> Fraternal Club \$900*</p> <p><input type="checkbox"/> Private Club (1000 or less members) \$1150*</p> <p><input type="checkbox"/> Private Club (more than 1000 members) ... \$2650*</p> <p><input type="checkbox"/> Off Prem Wine Sales . \$100 * These fees include Liquor, Wine & Beer</p> | <p>B. ●WINE APPLICATION●</p> <p><input type="checkbox"/> Private Wine Restaurant \$250</p> <p><input type="checkbox"/> Private Wine Spa ... \$150</p> <p><input type="checkbox"/> Private Wine Bed & Break \$150</p> <p><input type="checkbox"/> OffPrem Wine Sales .. \$100 These fees do <u>not</u> include Liquor or Beer</p> | <p>C. ●BEER APPLICATION●</p> <p><input type="checkbox"/> Tavern, Restaurant, Etc .. \$150</p> <p><input type="checkbox"/> Fraternal \$150</p> <p><input type="checkbox"/> Brew Pub \$1000</p> <p>These fees do <u>not</u> include Liquor or Wine</p> | <p>D. APPLYING AS: (CHECK ONE) *</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Liability Co.</p> <p>* Only Associations, Corporations, or Limited Liability Companies may apply for a liquor license.</p> |
|--|---|---|---|

EMAIL: _____ WV TAX I.D. # _____ FEIN # _____

1. LICENSEE/ENTITY NAME: _____

2. DOING BUSINESS AS (DBA) NAME: _____

3. BUSINESS ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP CODE) (TELEPHONE)

4. MAILING ADDRESS (IF DIFFERENT): _____
(STREET)

(CITY) (STATE) (ZIP CODE) (TELEPHONE)

5. SUPPLY THE FOLLOWING INFORMATION ABOUT OWNERS AND/OR OFFICERS AND MANAGER. US Citizen *

| | | | | |
|-------|-------------------|----------------------------|----------------------|--------------------|
| TITLE | NAME | RESIDENCE ADDRESS | % OWNERSHIP | Y / N |
| | DATE OF BIRTH / / | SOCIAL SECURITY NUMBER - - | TELEPHONE NUMBER () | YRS RESIDENT OF WV |
| TITLE | NAME | RESIDENCE ADDRESS | % OWNERSHIP | Y / N |
| | DATE OF BIRTH / / | SOCIAL SECURITY NUMBER - - | TELEPHONE NUMBER () | YRS RESIDENT OF WV |
| TITLE | NAME | RESIDENCE ADDRESS | % OWNERSHIP | Y / N |
| | DATE OF BIRTH / / | SOCIAL SECURITY NUMBER - - | TELEPHONE NUMBER () | YRS RESIDENT OF WV |
| TITLE | NAME | RESIDENCE ADDRESS | % OWNERSHIP | Y / N |
| | DATE OF BIRTH / / | SOCIAL SECURITY NUMBER - - | TELEPHONE NUMBER () | YRS RESIDENT OF WV |
| TITLE | NAME | RESIDENCE ADDRESS | % OWNERSHIP | Y / N |
| | DATE OF BIRTH / / | SOCIAL SECURITY NUMBER - - | TELEPHONE NUMBER () | YRS RESIDENT OF WV |

*IF A NATURALIZED US CITIZEN, PLEASE ATTACH A WRITTEN EXPLANATION OF WHEN AND WHERE NATURALIZED.

6. CRIMINAL HISTORY - THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, OFFICERS, DIRECTORS, OR MANAGER(S).
(ALL APPLICANTS WILL BE CHECKED THROUGH THE SECURITY DIVISION AT THE WV LOTTERY).
(ATTACH ADDITIONAL PAGES IF NECESSARY). IF THERE HAVE BEEN **NO ARRESTS** INSERT THE WORD "**NONE**".

| NAME | DATE OF ARREST | CHARGE | DISPOSITION OF ARREST | LOCATION OF COURT (COUNTY & STATE) |
|------|----------------|--------|-----------------------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. STATE NAMES AND ADDRESSES OF ALL PERSONS HAVING TWENTY PERCENT (20%), OR MORE, OF OWNERSHIP INTEREST IN THE APPLICANT'S CORPORATION, ASSOCIATION, PARTNERSHIP, LIMITED PARTNERSHIP, AND/OR LIMITED LIABILITY COMPANY. STATE THE EXACT PERCENTAGE OF OWNERSHIP INTEREST FOR EACH PERSON LISTED.

| NAME | ADDRESS | SOC. SEC. # | % OWNERSHIP |
|------|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. HAS ANY OFFICER, MANAGER, OR 20% STOCKHOLDER EVER HELD OR CURRENTLY HOLD A WVABCA LICENSE?

YES _____ NO _____

IF YES, WHO? _____

DBA NAME? _____

WAS THE LICENSE: REVOKED _____ DATE _____

SUSPENDED _____ DATE _____

SANCTIONED _____ DATE _____

9. **PREMISES TO BE LICENSED.**

A. LIST COMPLETE INFORMATION ON ADDENDUM A (FLOOR PLAN) (INCLUDE FULL VIEW PHOTOGRAPHS) FOR EVERY ROOM AND OUTSIDE STRUCTURE WHICH IS TO BE USED IN THE OPERATION OF THE LICENSED BUSINESS, INCLUDING: SEPARATE KITCHEN, IF ANY; EXTERIOR VIEWS OF ENTRANCES AND EXITS; AND AREA TO BE USED FOR STORAGE OF ALCOHOLIC BEVERAGES.

B. LIST COMPLETE INFORMATION IN THE FORM OF A DIAGRAM(ADDENDUM A), GIVING DIMENSIONS FOR EVERY ROOM UNDER CONTROL OR LEASE OF THE LICENSEE THAT IS CONTIGUOUS AND IN ADDITION TO THE AREA SPECIFIED IN (A).

10. OWNER OF PREMISES TO BE LICENSED(PROPERTY OWNER'S NAME) _____

IF NOT PROPERTY OWNER, APPLICANT MUST HOLD A VALID LEASE. EXPIRATION DATE OF LEASE: _____

ATTACH A COPY OF THE LEASE.

11. ADDRESS OF PROPERTY OWNER _____

12. THE LICENSE APPLIED FOR IS NOT FOR ANY COLLEGE FRATERNITY OR SORORITY AND THE PROPOSED LOCATION OF THE PREMISES HAS NOT BEEN DETERMINED BY LAW TO BE A PUBLIC NUISANCE, EXCEPT AS FOLLOWS:

13. DOES THIS LOCATION CURRENTLY HAVE AN ABCA LICENSE? YES _____ NO _____

IF YES, NAME OF CLUB, RESTAURANT OR TAVERN: _____

LICENSE# _____.

14. ARE THE APPLICANTS PREMISES LOCATED:
(A) WITHIN AN INCORPORATED MUNICIPALITY OR WITHIN ONE MILE OF THE CORPORATE LIMITS OF ANY MUNICIPALITY? YES____ NO____
(B) WITHIN ONE MILE OF THE CORPORATE LIMITS OF TWO OR MORE MUNICIPALITIES? YES____ NO____
IF YES, NAME THE MUNICIPALITIES:
(1)_____
(2)_____
(3)_____
15. LIST THE DISTANCE TO THE NEAREST:
(A) CHURCH _____
(B) SCHOOL _____
(C) RESIDENCE _____
(D) GOVERNMENT OFFICE _____
16. HAVE YOU SUBMITTED AN APPLICATION TO THE ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)? YES____ NO____
17. WILL THERE BE EXOTIC ENTERTAINMENT? YES____ NO____
(Only Private Clubs need to answer this question!)
18. WILL TOBACCO PRODUCTS BE SOLD AT YOUR ESTABLISHMENT? YES____ NO____
19. WILL THERE BE LIMITED VIDEO LOTTERY AT YOUR ESTABLISHMENT? YES____ NO____
20. HAVE YOU FILLED OUT ADDENDUM B (RELEASE OF INFORMATION AND WAIVER OF CONFIDENTIALITY OF RECORDS)? YES____ NO____
21. HAVE YOU FILLED OUT ADDENDUM C (ZONING FORM)? YES____ NO____
22. IS THE APPLICANTS PREMISES READY FOR AN INITIAL INSPECTION FOR LICENSING PURPOSES? YES____ NO____
IF NO, WHAT IS THE PROJECTED DATE FOR THE INITIAL INSPECTION? _____
23. **The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia Code §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. The undersigned further certify that if a private club license is issued the general public will not be admitted on the premises set forth in this application and only duly elected or approved dues paying members, in good standing, and their guests, while in the company of a member, will be permitted to enter said premises. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information.**

The undersigned hereby verify that we are all of the officers and all of the members of the board of directors of the applicant and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership.

(PRESIDENT, INDIVIDUAL, OR CONTROLLING MEMBER(S) SIGNATURES MUST BE NOTARIZED!)
(MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE)

(PRINT CLEARLY) (WRITTEN SIGNATURE REQUIRED)

| | |
|------------------|--------------------------|
| NAME: _____ | TITLE: _____ |
| SIGNATURE: _____ | DATE OF SIGNATURE: _____ |
| NAME: _____ | TITLE: _____ |
| SIGNATURE: _____ | DATE OF SIGNATURE: _____ |
| NAME: _____ | TITLE: _____ |
| SIGNATURE: _____ | DATE OF SIGNATURE: _____ |
| NAME: _____ | TITLE: _____ |
| SIGNATURE: _____ | DATE OF SIGNATURE: _____ |
| NAME: _____ | TITLE: _____ |
| SIGNATURE: _____ | DATE OF SIGNATURE: _____ |

(*MUST HAVE MANAGER(S) SIGNATURE.)

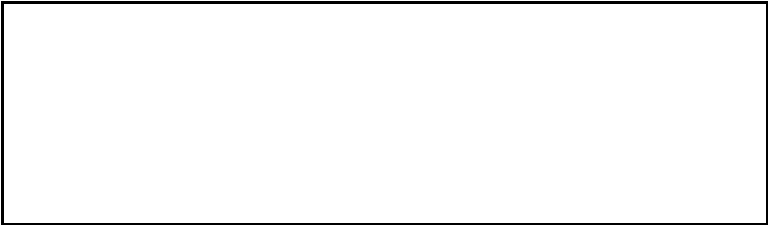
State of West Virginia, _____ County, To-Wit:
_____, Being first duly sworn
according to law, deposes and says that he/she is _____
PRESIDENT, INDIVIDUAL, OR CONTROLLING MEMBER(S)
of the _____, authorized by law to do business in the State of West Virginia,
and that the statements and answers made in the foregoing application are true and
acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) _____

STATE OF WEST VIRGINIA,
COUNTY OF _____, to wit:
Sworn to before me and subscribed in my presence this _____ day of _____ , _____

NOTARY PUBLIC

My Commission Expires _____



Seal of Notary

Applicant/Entity Name:_____

Doing Business As (DBA) Name:_____

WEST VIRGINIA
ALCOHOL BEVERAGE CONTROL ADMINISTRATION

RELEASE OF INFORMATION AND WAIVER OF
CONFIDENTIALITY OF RECORDS

I or we, having made application with the West Virginia Alcohol Beverage Control Administration for issuance of a license to sell alcoholic beverages within the State of West Virginia, hereby waive the benefit of any municipal, county, state, or federal statute, rule, ordinance, regulation or other law prescribing the confidentiality of any records or documents, whether formal or informal, pending or closed, maintained by any public or private agency or organization as those records or documents pertain to residency, business location, business activities, education and/or training, employment, criminal history, civil litigation, or law enforcement investigation.

I or we, hereby authorize and request every public or private agency, organization, or person maintaining such records to furnish to the West Virginia Alcohol Beverage Control Administration, or their agents or representatives, any information contained therein and to permit them to inspect and make copies of such records and documents.

I or we, hereby authorize the West Virginia Alcohol Beverage Control Administration to disclose any information pertaining to the licensure to any municipal, county, state, federal or private agency or organization that has any interest in the licensing of said applicant.

I or we, hereby release the West Virginia Alcohol Beverage Control Administration, their agents and representatives, and any agency, organization, or person furnishing information from all liability arising out of any investigation concerning the applicant. I or we further agree that a copy of this Release and Waiver shall function as an original.

I or we acknowledge that by affixing a signature(s) below gives this document full force, and upon this date all aforementioned information may be received and shared as prescribed.

| Name: Must include owner's, officer's, member's and manager's printed and written signature(s). | Title | Date |
|--|--------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

ALCOHOL BEVERAGE CONTROL BOND
THIS BOND MAY BE USED BY AN ASSOCIATION OR CORPORATION

KNOW ALL MEN BY THESE PRESENTS:

That WE, _____

_____ of _____ County, West Virginia, _____

ASSOCIATION

doing business under the firm name

CORPORATION

_____ of _____

as principal, and _____, a corporation authorized to do business in the State of West Virginia, as surety, are held and firmly bound unto the STATE OF WEST VIRGINIA in the full and just sum of Five Thousand Dollars (\$5,000.00), to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such that whereas the above bound principal is about to obtain a license in pursuance of the provisions of Article 7, Chapter 60 of the Code of West Virginia, of 1931, as amended and regulations promulgated thereunder by the Commissioner, a LICENSE TO OPERATE A PRIVATE CLUB on the premises described in the application for such license.

NOW, THEREFORE, if the said principal shall faithfully observe the laws of the State of West Virginia, and regulations promulgated thereunder by the Commissioner with respect to the distribution, sale and dispensing of alcoholic liquors, and the operation of a private club, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount when received by the State shall be credited to the state fund, general revenue.

This bond is executed in pursuance of the provisions of said Article 7, Chapter 60 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, and the pertinent provisions of said article and regulations are hereby made a part of this bond.

ASSOCIATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, each owner/member of the principal has hereunto set his hand and affixed his seal, and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its official or agent thereunto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

ALL OWNERS MUST SIGN AS PRINCIPALS

PRINCIPAL _____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SURETY _____ (SEAL)

SURETY CORPORATE SEAL

BY _____

ITS _____ (TITLE)

COUNTERSIGNED BY: _____

WEST VIRGINIA RESIDENT AGENT OF SURETY

CORPORATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal and the said surety have caused their respective corporate names to be signed hereto and their respective corporate seals to be hereunto affixed by their respective officials or agent thereunto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

PRINCIPAL CORPORATE SEAL

PRINCIPAL _____ (Seal)

BY _____ (Seal)

SURETY _____ (Seal)

SURETY CORPORATE SEAL

BY _____

ITS _____ (Title)

ASSOCIATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, an association, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said association.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

CORPORATIONS - CORPORATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

BONDING COMPANY - CORPORATE ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

For Fiscal Year _____ to _____

Surety Bond #: _____

NONINTOXICATING BEER BOND**THIS BOND MAY BE USED BY AN INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION**

KNOW ALL MEN BY THESE PRESENTS:

That (I) (we), _____ being _____ / _____
If individual or partnership insert name of people Insert one above
Corporation or association insert name of corporation or association An Individual, Partnership, Corporation, or Association (County)

doing business under the name of _____ / _____
(Mailing Address) (City)

West Virginia, as principal, and _____ a corporation authorized
(Name of corporate surety)

to do business in the State of West Virginia, as surety, are held and firmly bound unto the STATE OF WEST VIRGINIA in the full and just sum of One Thousand Dollars (\$1,000.00), to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such that whereas the above bound principal is about to obtain a license in pursuance of the provisions of: Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, a CLASS A RETAIL DEALER'S LICENSE to sell nonintoxicating beer on the premises described in the application for such license.

NOW, THEREFORE, if the said principal shall faithfully observe the laws of the State of West Virginia, and regulations promulgated thereunder by the Commissioner, with respect to the distribution, sale and dispensing of nonintoxicating beer, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount when received by the State shall be credited to the state fund, general revenue.

This bond is executed in pursuance of the provisions of said Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, and the pertinent provisions of said articles and regulations are hereby made a part of this bond.

INDIVIDUAL OR PARTNERSHIP APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal(s) (has) (have) hereunto set (his) (their) hand and seal(s), and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its official or agent there unto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____,

(All Partners Must Sign As Principal)

Surety: _____ Principal: _____ (Seal)

Address: _____ (Seal)

_____ (Seal)

By: _____ Title _____ (Seal)

(SURETY CORPORATE SEAL)

CORPORATE OR ASSOCIATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the (said corporate principal) (said association principal) and the said surety have caused their respective names to be signed hereto and their respective seals to be hereunto affixed by their respective officials or agents thereunto authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____,

Surety: _____

Address: _____

By: _____ (Seal)

Its: _____ (Title)

(SURETY CORPORATE SEAL)

INSTRUCTIONS FOR SIGNING

If Association or Fraternal Club has two owners, all must sign bond as Association

principals. If ownership involves more than two persons, one officer or (owner) can be

empowered to sign on behalf of Association. **Corporation** must be signed by President

or Vice-President. If any other officer signs, attach corporate resolution or Power of Attorney

permitting him to bind corporation.

Association _____ (Seal)

_____ (Seal)

_____ (Seal)

Principals: _____ (Seal)

Corporate Name: _____

By: _____ (Seal)

Its: _____ Title

Resident Agent: _____

Address: _____

Phone No: _____

Note: No. 1 -To be completed by Notary Public for an Individual or Partnership.
No. 2 -To be completed by Notary Public for a Corporation or an Association.
No. 3 -To be completed by Notary Public for Bonding Company Signature.

Power of Attorney should be attached and dated, notarized same day as issuance of bond.

NO. 1 - INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, whose name(s) (is) (are) signed to the writing above or hereto annexed, bearing date on the _____ day of _____, _____, (has) (have) this day acknowledged the same before me in my said county.

Given under my hand this _____ day of _____, _____.

My Commission expires on the _____ day of _____, _____.

Notary Public

NO. 2- CORPORATION OR ASSOCIATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, (a corporation) (an association), bearing date on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said (corporation) (association).

Given under my hand this _____ day of _____, _____.

My commission expires on the _____ day of _____, _____.

Notary Public

NO. 3-BONDING COMPANY - CORPORATE ACKNOWLEDGMENT (For Individual Signing For Surety)

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed to the writing above, or hereto annexed for _____, a corporation, bearing date on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

My commission expires on the _____ day of _____, _____.

Notary Public

West Virginia Alcohol Beverage Control Administration

Floor Plan

License period: _____-_____

Applicant Entity Name: _____

Doing Business As (DBA) Name: _____

County: _____

Floor plan **must** include **all areas under the control or lease of the applicant** where alcohol is to be stored, sold or consumed. All areas under control or lease of the licensee must be licensed.

Submit (1) copy to ABCA.

(Give Dimensions)

Keep (1) copy at licensed premises.

*If there are attached drawings please check: _____ (additional drawings must be signed).

*Complete information on reverse side of form.

Instructions for Completing the Letter of Good Standing Request Forms

- ❖ YOU WILL NEED FORM # GSR-01 & FORM ARI-001 IN ORDER TO REQUEST A GOOD STANDING CERTIFICATE.

- ◆ GSR-01:

1. Date: Enter the date you are requesting the certificate.
2. Tax Identification Number: Enter your Federal Tax Identification number.
3. Business Name: Enter the complete business name as it appears at the WV State Tax Dept.
4. Business Location Address: Enter the complete physical location address of the business establishment.
5. Business Mailing Address: Enter the complete mailing address for the business or where you would like any correspondence mailed regarding your letter of good standing if you will not be providing a fax number.
6. In the next section indicate if the business is a Partnership, Sole Ownership, Corporation, LLC or Other. If the company is a Sole Ownership please indicate the Social Security number.
7. If you have access to a fax machine and would like any correspondence faxed please indicate your fax number. If no fax number is provided all correspondence will be mailed to the mailing address provided.
8. This document will need to be signed by the person requesting the letter of good standing.

- ◆ ARI-001:

Top Section: Please indicate the complete business name under “name of taxpayer” and enter the location address, telephone number, and the Federal ID number.

1. Persons to whom information may be released: This question refers to a CPA, Tax Preparer, Payroll Company, or anyone who may need to speak with us about your account on your behalf that is not listed at the Secretary of State as an officerⁱ.
2. Effective period of this waiverⁱⁱ: Please mark the 2nd selection, until my liability for the delinquent tax or taxes checked in paragraph 3, below, is satisfied.
3. Taxes and/or credits to which this waiver applies: Please mark “All the above applicable to the taxpayer” (2nd column 2nd up from the bottom).
4. Information to be released: Please indicate “any information pertinent to receive a letter of good standing”.
5. Reason(s) why information is to be released: Indicate the reason you are requesting the letter of good standingⁱⁱⁱ.
6. THE AUTHORIZATION FORM MUST BE SIGNED BY AN OFFICER OF THE COMPANY LISTED AT THE SECRETARY OF STATE’S OFFICE (reference endnote i), AND THE SIGNATURE MUST BE NOTARIZED^{iv}

ⁱ You can log on to www.wvsos.com/wvcorporations to access a list of the officers. If the officers need to be updated you will need to contact that office at (304) 558-8000.

ⁱⁱ In some cases questions 2 through 5 may have been filled out for you.

ⁱⁱⁱ Reasons could include but are not limited to Secretary of State Reinstatement, Alcohol License Renewal, Bank Loan/Closing, etc.

^{iv} The document CAN be notarized by a notary in another state, just please indicate the state and county.

STATE OF WEST VIRGINIA
Department of Revenue
State Tax Department

WV-GSR-01
(Rev. 05/09)

RETURN THIS FORM (ALONG WITH THE WV-ARI-001 AUTHORIZATION TO RELEASE INFORMATION) EITHER BY FAX 304-558-8643 OR MAIL TO:

**Administrative Support Unit
WV State Tax Department
Internal Auditing Division
1001 Lee Street East
Charleston, WV 25301
Phone: 304-558-0678, 304-558-8618, 304-558-8695, 304-558-1114**

DATE: _____

FAX 304-558-8643

This is to request a Certificate of Good Standing from the West Virginia State Tax Department for:

Tax Identification Number: _____

Complete Business Name: _____

Business Location Address: _____

Mailing Address: _____

| | | |
|--------------------------------------|-----------|----------|
| Is the business a Partnership? | _____ Yes | _____ No |
| Is the business a Sole Ownership? | _____ Yes | _____ No |
| Is the business a Corporation / LLC? | _____ Yes | _____ No |

If none of these apply, what type of business Registration do you hold with West Virginia?

**If you would like the response to be returned to you by facsimile, please note your fax number here:
(_____) _____ otherwise - it will be mailed to the address provided.**

We do not fax this information to the Secretary of States office or the ABC Commission

I also understand that the secrecy provisions of the West Virginia Tax Procedure and Administration Act (WV Code §11-10) prevent the Tax Department from disclosing any information without having a waiver of confidentiality. I am completing the waiver (form ARI-001) and attaching it to this request.

I also understand that in the event that this business is not in good standing with the Tax Department I will be notified in writing as to what tax returns or tax payments are considered not filed or paid and who to contact with any questions regarding that situation.

Signature and Title of Person Requesting the Letter of Good Standing:

Signature: _____

Title: _____ Phone: _____

AUTHORIZATION TO RELEASE INFORMATION

Name of Taxpayer _____ Date: _____

Address: _____ Daytime Telephone: _____

City: _____ State _____ Zip Code _____

West Virginia Identification, SSN, FEIN or Other _____

The above named taxpayer does hereby waive the confidentiality provisions of West Virginia Code §11-10-5d and/or §11-1A-23 to the following extent:

1. Persons to whom information may be released: (within your organization, company, etc).

Name: _____ Capacity _____

Address: _____ Daytime Telephone _____

City: _____ State: _____ Zip Code: _____

2. Effective period of this waiver:

_____ authorization terminates _____ month _____ day _____ year

☒ until my liability for the delinquent tax or taxes checked in paragraph 3, below, is satisfied.

_____ other (explain) _____

3. Taxes and/or credits to which this waiver applies:

| | W.Va. Code | | W.Va. Code |
|---|------------|---|------------|
| <input type="checkbox"/> Beer Barrel Tax | 11-16 | <input type="checkbox"/> Minimum Severance Tax on Coal | 11-12B |
| <input type="checkbox"/> Business & Occupation Tax | 11-13 | <input type="checkbox"/> Motor Carrier Road Tax | 11-14A |
| <input type="checkbox"/> Business Franchise Tax | 11-23 | <input type="checkbox"/> Personal Income Tax | 11-21 |
| <input type="checkbox"/> Charitable Raffle Boards & Games | 47-23 | <input type="checkbox"/> Property Taxes | |
| <input type="checkbox"/> Consumers Sales & Service Tax | 11-15 | <input type="checkbox"/> Severance Tax | 11-13A |
| <input type="checkbox"/> Corporate License Tax | 11-12C | <input type="checkbox"/> Solid Waste Fee | 20-5F |
| <input type="checkbox"/> Corporate Net Income Tax | 11-24 | <input type="checkbox"/> Soft Drink Tax | 11-19 |
| <input type="checkbox"/> Economic Opportunity Tax Credit | 11-13Q | <input type="checkbox"/> Strategic Research & Development | |
| <input type="checkbox"/> Employers Withholding Tax | 11-10 | <input type="checkbox"/> Tax Credit | 11-13R |
| <input type="checkbox"/> Estate Tax | 11-11 | <input type="checkbox"/> Telecommunications Tax | 11-13B |
| <input type="checkbox"/> Gasoline & Special Fuel Excise Tax | 11-14 | <input type="checkbox"/> Tobacco Products Excise Tax | 11-17 |
| <input type="checkbox"/> HealthCare Provider Taxes | 11-27 | <input type="checkbox"/> Use Tax | 11-15A |
| <input type="checkbox"/> IFTA | 11-14B | <input type="checkbox"/> Wine Liter Tax | 60-8 |
| <input type="checkbox"/> Manufacturing Investment Tax | | <input checked="" type="checkbox"/> All of the above applicable taxes | |
| <input type="checkbox"/> Credit | 11-13S | <input type="checkbox"/> to the taxpayer | |
| | | <input type="checkbox"/> Other Taxes (As Listed Below) | |

4. Information to be released (Describe specifically).

Any information pertinent to receive a tax clearance for certificate of good standing or withdrawal or dissolution purposes with the WV State Tax Department.

5. Reason(s) why information is to be released:

As stated in item number 4

This waiver will be effective only to the extent explained above and any other release of information is not permitted without additional authorization. Additionally, information will be released only to the extent the Tax Commissioner believes disclosure is necessary to comply with this Authorization to disclose information, and will not be disclosed to the extent the Tax Commissioner determines that disclosure would seriously impair administration of this State's Tax laws.

This authorization must be signed by the taxpayer, or taxpayer's authorized representative, and the signature of the person signing the authorization must be notarized.

Authorization is for:

- . release of a jointly filed personal income tax return, the authorization must be signed by either the husband or the wife.
- . release of a return filed by a business that is a sole proprietorship, the authorization must be signed by the owner of the business or by an employee of the business, or other person, who is authorized to sign the authorization.
- . a corporation, the authorization must be signed by its president, vice president, treasurer, assistant treasurer, chief accounting officer or other person duly authorized to sign the authorization.
- . release of a return filed by a partnership, as defined for federal income tax purposes, the authorization must be signed by the managing partner, or tax matters partner, or any other partner or employee of the partnership authorized to sign the authorization.
- . release of a return filed by a limited liability company, the authorization must be signed by the managing member, tax matters member, or any other member or employee of the limited liability company authorized to sign the authorization.
- . a return filed by an estate or trust, the authorization must be signed by the executor or executrix of the estate, or the trustee of the trust.
- . for information other than a tax return, the authorization must be signed by a person who could authorize release of taxpayer's tax return.
- . If you are not in the State of West Virginia, please change the notary to the appropriate state.
- . **THIS AUTHORIZATION MUST BE NOTARIZED.**

Print Name

Signature

Capacity

Date

State of West Virginia

County of _____, to wit,

This day appeared before me, the undersigned notary public, _____ who acknowledge
under oath the signature above. (Print Taxpayers' Name)

Notary Public

Date

My commission expires _____.

ZONING FORM

(Original copy must be submitted to the WVABCA Licensing Department)

Note: If an establishment's location is not situated within a municipality, this office will need a letter from the County Commission stating that the establishment location is zoned properly. All applicants must complete the obverse (front) portion of this form.

To: Municipal Clerk or Recorder

Under the requirements set forth in 60-7-4a and/or 11-16-8(a)(5) of the W. Va. State Code, a person intending to apply for a license to operate an ABCA licensed Private Club, Private Wine Restaurant or Tavern at any location within a municipality **must file a notice of such intention with the Clerk or Recorder of such municipality at least ten (10) days prior** to filing an application for such license with the Alcohol Beverage Control Administration. Pursuant to this requirement, **notice** is herein given that the following intends to apply to the WV ABCA for a license to operate a Private Club, Private Wine Restaurant or Tavern issued pursuant to the provisions of Chapter 60, Article 7 and Article 8 and/or Chapter 11, Article 16 of the W. Va. State Code.

Entity Name: _____

DBA (Doing Business As): _____

Address of Establishment: _____
(Street/Route) (City) (State) (Zip Code)

Applicant's Name(s): _____
(Last) (First) (Middle)

(Last) (First) (Middle)

General Description of Premises: _____

Food Services to be Offered: _____

Patron Capacity: _____

This Notice has been filed with the Clerk or Recorder of the City/Town of _____ on this _____ day of _____, _____.

Applicant's Signature(s): _____ Date: _____.

_____ Date: _____.

- (Municipality to fill out reverse side of form)

(FOR USE BY MUNICIPAL AUTHORITIES ONLY)

(Addendum C) ABCA-Lic.Z.2

1. Is the proposed location for the Private Club, Private Wine Restaurant or Tavern described consistent with the zoning ordinances or your municipality as either a permitted use or a conditional use of such premises?
Yes _____ No _____
- 1 (a). If the answer to the first question is “no,” does your municipality provide within its business zones suitable alternative locations for Private Club, Private Wine Restaurant, or Tavern?
Yes _____ No _____
2. Is the proposed location for the Private Club, Private Wine Restaurant, or Tavern herein described situated in an area designated for the use of community development block grant funds in the municipality?
Yes _____ No _____
- 2 (a). If yes, is the planned use of the premises at the location herein described consistent with any plan adopted by the governing body of the municipality for revitalization of the area wherein the premises are situated?
Yes _____ No _____
3. Does the municipality have any restrictions or regulations prohibiting Limited Video Lottery?
Yes _____ No _____
4. Does the municipality have any restrictions or regulations prohibiting Exotic Dancing establishments?
Yes _____ No _____
5. Additional comments to the Alcohol Beverage Control Administration:

Approved by (Authorized Official Signature and Title):

City/Town

Date: _____

**Return Original To: WVABCA
Licensing Department
322 70th Street, S.E.
Charleston, WV 25304-2900**

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
Alcohol Dealer Registration – For Use On and After July 1, 2008
(Please read instructions carefully before completing this form)

SECTION 1 – IDENTIFYING INFORMATION

Complete all fields in section 1 to correctly identify your business

| | | | |
|---|--|-------|----------|
| NAME (Last, First, Middle) or CORPORATE NAME (If Corporation) | EMPLOYER IDENTIFICATION NUMBER (See Instructions) - | | |
| MAILING ADDRESS (Street address or P.O. Box) | CITY | STATE | ZIP CODE |

SELECT BOX a, b, or c:

- a. ☐ NEW BUSINESS
b. ☐ OUT OF BUSINESS

c. ☐ EXISTING BUSINESS WITH
CHANGE IN: (complete items below)

- | | |
|---|---|
| <input type="checkbox"/> NAME / TRADE NAME | <input type="checkbox"/> OWNERSHIP INFO |
| <input type="checkbox"/> ADDRESS / LOCATION | <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER |
| <input type="checkbox"/> BUSINESS CLASS | (OLD: -) |
| <input type="checkbox"/> PHONE | (NEW: -) |

DATE OF CHANGE, OR OF ENTRY
INTO BUSINESS, OR OF TERMINATION
OF BUSINESS (mm/dd/yyyy)

SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS

Enter information below for each business location, using the appropriate class code

| DEALER CLASS | SUBCLASS | CLASS CODE |
|--|---|------------|
| RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.) | Liquors (Distilled Spirits, Wine or Beer) | 11 |
| | Beer Only | 12 |
| | Liquors (Distilled Spirits, Wine or Beer) – At Large* | 15 |
| | Beer Only – At Large* | 16 |
| WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.) | Liquors (Distilled Spirits, Wine, or Beer) | 31 |
| | Beer Only | 32 |

* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

| CLASS CODE | TRADE NAME | PREMISES ADDRESS STREET NUMBER AND NAME | CITY, STATE, ZIP CODE | TELEPHONE NUMBER |
|------------|------------|--|--------------------------|---------------------|
| | | | | () |
| | | | | () |
| | | | | () |
| | | | | () |
| | | | | () |

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
|-----------|-------|------|

SECTION 3 – OWNERSHIP INFORMATION

☐ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER (Specify)

| | | |
|-----------|-------------------|----------|
| FULL NAME | RESIDENCE ADDRESS | POSITION |
| FULL NAME | RESIDENCE ADDRESS | POSITION |
| FULL NAME | RESIDENCE ADDRESS | POSITION |
| FULL NAME | RESIDENCE ADDRESS | POSITION |
| FULL NAME | RESIDENCE ADDRESS | POSITION |

INSTRUCTIONS**GENERAL INSTRUCTIONS**

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

NOTE: The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-59, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

SIGNING YOUR REGISTRATION

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

SECTION 1 – IDENTIFYING INFORMATION

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

SECTION 2 – PREMISES LOCATIONS

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

SECTION 3 – OWNERSHIP INFORMATION

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

CHANGES IN OPERATIONS

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

MAILING INSTRUCTIONS

Please sign and date this registration and mail it to:

Alcohol and Tobacco Tax and Trade Bureau
550 Main Street, Suite 8002
Cincinnati, OH 45202-5215.

CONTACT INFORMATION

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277; or email to ttbtaxstamp@ttb.gov. Additional information is also available at our Web site, www.ttb.gov.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, D.C. 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.